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Reducing UPOPs and Mercury Releases from
The Health Sector in Africa



Applied Healthcare Waste Management



**Information – Education – Communication
Material collection**

Date: 04.12.2016










**Submitted by:
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Chief Technical Expert on Healthcare Waste Management**










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1 IEC: Hazard and safety symbols

New Hazard Symbols - Globally Harmonized System ¹		
 Gases Under Pressure	 Acute Toxicity	 Other Health Hazards
 Severe Health Hazards	 Corrosive	 Oxidizing Gases
 Hazardous to the Environment	 Flammable Materials	 Explosive

Old Hazard Symbols		
 Highly Toxic	 Toxic	 Harmful
 Irritating	 Corrosive	 Fire supporting
 Flammable	 Flammable	 Explosive







¹ [The GHS](#) was proposed by the United Nations in an effort to internationally standardize classification and labelling of chemicals through the use of pictograms, signal words, and hazard warnings.

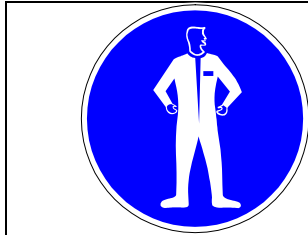
Highly inflammable	Inflammable	Explosive
		
Environmental endanger	Genotoxic	Carcinogenic

Warning Signs		
		
Warning – Poisoning substances	Warning – Harmful substances	Warning – corrosive substances
		
Warning – inflammable Substances	Warning – fire supporting substances	Warning – explosive substances
		
Warning – pressurized Containers	Warning - Electricity	Warning – hot surfaces
		
General Alert Sign	Warning – radioactive substances	Warning – Bio hazardous substances
		
Warning – explosive secured area	Warning – laser beams	Warning – radio waves

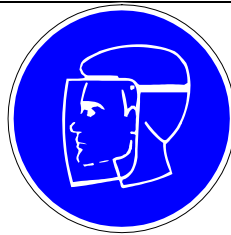
Prohibition Signs

 <p>Smoking prohibited</p>	 <p>Eating and drinking prohibited</p>	 <p>No potable water</p>
 <p>Fire and open light prohibited</p>	 <p>Squirting prohibited</p>	 <p>Forbidden to extinguish with Water</p>
 <p>Admission forbidden</p>	 <p>Wearing of gloves forbidden</p>	 <p>Use of fork lifter forbidden</p>
 <p>Use of mobile phones forbidden</p>	 <p>Entrance for people with implements forbidden</p>	 <p>Entrance for people with pacemaker forbidden</p>

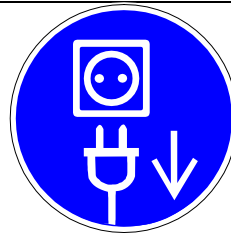
Requirement Signs		
 <p>Wear eye protection</p>	 <p>Wear helmet</p>	 <p>Wear ear protection</p>
 <p>Wear safety boots</p>	 <p>Use air protection</p>	 <p>Wear safety gloves</p>



Wear Overall



Wear face shield



Before opening, disconnect

2 IEC: Sample – Physical Assets Management (PAM) system

Physical Assets Management - Healthcare Waste

* PAM-HCW *

Project:

**HEALTH SYSTEM IMPROVEMENT PROJECT
(HEALTH-3)**

Name of Healthcare facility: _____

Date of PAM: _____

Contains:

HCW-PAM	01	Fixed Assets
HCW-PAM 01_	□□	Detailed Lists, Fixed Assets
HCW-PAM	02	Major Physical HCW Assets
HCW-PAM 02_	□□	Detailed Lists, Major Assets
HCW-PAM	03	Minor Physical HCW Assets
HCW-PAM 01_	□□	Detailed Lists, Minor Assets

**PAM-HCW
No. 01
Fixed Assets**

Facility / Location: _____

Responsible Waste Manager: _____ Date: _____

Assessor: _____

Attached Sheets: PAM-HCW 01_01 to PAM-HCW 01_(__ __)

GENERAL INFORMATION

Fixed Assets for healthcare waste management are all areas, buildings, etc. on the hospital compound which function relate to the logistic and disposal of healthcare waste. These fixed assets can include but are not limited to:

- Waste function area / waste yard
- Central interim storage places for waste (including open space areas)
- Waste pits (e.g. placenta pits, sharp pits)
- Waste treatment areas (e.g. incinerator building, waste water treatment, etc.)
- De-central collection areas (e.g. dirty or soiled utilities room)

ASSISTANCE FOR COMPLETING THE CHECK LIST

The healthcare waste facilities shall be assessed under the following headings:

- Physical condition of the building
 - As new (A), Satisfactory (B), Unsatisfactory (C), Very unsatisfactory (D)
- Functional suitability (location, design, layout/sizes of rooms)
 - Well designed and located (A), Satisfactory (B), Requires alterations (C), Unsuitable for current use (D)
- Utilization (empty, overcrowded)
 - Unused, or nearly so (A), Underused (B), Satisfactory (C), Over-used and too small (D)
- Environmental characteristics (Electricity, A/C, ventilation, water, sewerage)
 - Complies with current standards and needs (A), Satisfactory (B), Unsatisfactory, Very unsatisfactory (D)

PAM-HCW No. 01_() Fixed Assets

DATE

PAM-Inventory Code

NAME OF FACILITY

BELONGS TO DEPARTM.

BUILDING (year)

SIZE (in m²)

HEALTHCARE WASTE – FIXED ASSETS ASSESSMENT				
Subject:	(A)	(B)	(C)	(D)
Physical condition				
Functional suitability				
Utilization				
Environmental characteristics				

Remarks:

SKETCH / LAYOUT OF BUILDING / AREA / ROOM

**PAM-HCW
No. 02
Major Physical HCW Assets**

Facility / Location: _____

Responsible Waste Manager: _____ Date: _____

Assessor: _____

Attached Sheets: PAM-HCW 02_01 to PAM_HCW 02_(__ __)

GENERAL INFORMATION

Major Physical Assets for healthcare waste management are all equipments and tools used and related to the logistic and disposal of healthcare waste. These physical fixed assets can include but are not limited to:

- Collection carts – for general waste or hazardous waste.
- Reusable transport boxes for chemical waste or fluorescent lamps
- Waste skips and waste press container for household waste
- Ground scales and pressure sprayer for the disinfection of containers
- Hazardous waste treatment equipment (Inci nerator, autoclave, distillation unit, electrolysis unit and their secondary equipment as water treatment units and air pressure generators)
- Waste water treatment equipment (Pumps, agitators, air blower, etc.)
- Sewerage maintenance equipment (as e.g. elec. pipe cleaning machines, cold-water high-pressure cleaner, etc.)
- Office Equipment (as office desk, swivel chair, storage shelves, etc.)

Notice: Minor Physical Assets (with a value of <50 US\$ as e.g. bins containers, etc.) belong to PAM-HCW 03!

ASSISTANCE FOR COMPLETING THE CHECK LIST

The healthcare waste equipment shall be assessed under the following headings:

- Physical condition of the equipment
 - As new (A), Satisfactory (B), Needs repair (C), To be replaced (D)
- Functional suitability of the equipment for the task
 - Functional (A), Satisfactory (B), Partly functional (C), Unsuitable for the specific task (D)

PAM-HCW No. 02_ () Major Equipment Assets

PAM-Inventory Code

DATE:

NAME OF FACILITY

NAME:	BRAND:	MODEL/TYPE:	SERIAL NO.:
LOCATION:		DEPARTMENT:	ROOM:
DESCRIPTION OF EQUIPMENT: _____			
SUPPLIER NAME:	ADRESS:	TEL-NR.	E-MAIL:
PRICE [€]:	PURCHASE DATE:	INSTALLED BY	INSTALLATION DATE:
START WARRANTY:	END WARRANTY:	WARRANTY FOLLOW UP:	IEC SAFETY CLASS / TYPE:
POWER SUPPLY:	WATER DEMAND:	SEWAGE:	OTHER MEDIA:

PREVENTIVE MAINTENANCE SCHEDULE EXISTING(☒): YES: NO:

HEALTHCARE WASTE – MAJOR EQUIPMENT ASSESSMENT					Remarks:
Subject(☒):	(A)	(B)	(C)	(D)	
Physical condition of the equipment					
Functional suitability					

**PAM-HCW
No. 03
Minor Physical HCW Assets**

Facility / Location: _____

Responsible Waste Manager: _____ Date: _____

Assessor: _____

Attached Sheets: PAM-HCW 03_01 to PAM-HCW 03_(__ __)

GENERAL INFORMATION

Minor Physical Assets for healthcare waste management are all equipments and tools used and related mainly to the logistic and to the occupational health & safety field. These physical assets can include but are not limited to:

- PPE – Personal Protection Equipment (Safety goggles, working gloves for chemicals, anti-needlestick gloves, working gloves, overall, safety boots and safety mask, etc.)
- Waste collection items (bins for infectious waste and household waste, mobile and wall mounted waste bag stands, glass collection bins, outdoor bins, etc.)
- Mobile waste container (as e.g. wheelie bins, euro-bins, barrels for solid and liquid hazardous waste, etc.)

Notice: Major Physical Assets (with a value of > 50 US\$ as e.g. treatment plants, trolleys, etc.) belong to PAM-HCW 02!

ASSISTANCE FOR COMPLETING THE CHECK LIST

The minor healthcare waste equipment shall be assessed under the following headings:

- Physical condition of the equipment
 - As new: 100% are ok (A), Satisfactory: 100 - 75% are ok (B), Needs repair: 50-75% are ok (C), To be replaced: 25-50% are ok(D)
- Functional suitability of the equipment for the task
 - Functional (A), Satisfactory (B), Partly functional (C), Unsuitable for the specific task (D)

PAM-HCW No. 03_ () Minor Equipment Assets

NAME OF FACILITY

DATE:

PREVENTIVE MAINTENANCE SCHEDULE EXISTING(☒): YES: NO:



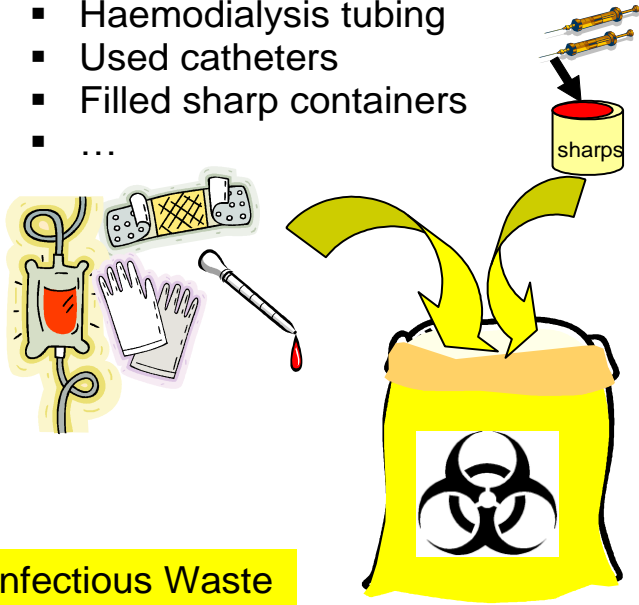
		DEPARTMENT:						PHYSICAL CONDIT.	FUNCTI-ONALITY
GROUP	ITEM	ROOM:	ROOM:	ROOM:	ROOM:	ROOM:	ROOM:	(A-D)	(A-D)
WASTE COLLECTION EQUIPMENT	HOUSEHOLD WASTE (SMALL: __ lit.)								
	HOUSEHOLD WASTE (LARGE: __ lit)								
	INFECTIOUS WASTE (SMALL: __ lit)								
	INFECTIOUS WASTE (LARGE: __ lit.)								
	RECYCLING BIN								
	OTHER I:								
	OTHER II:								
	OTHER III:								

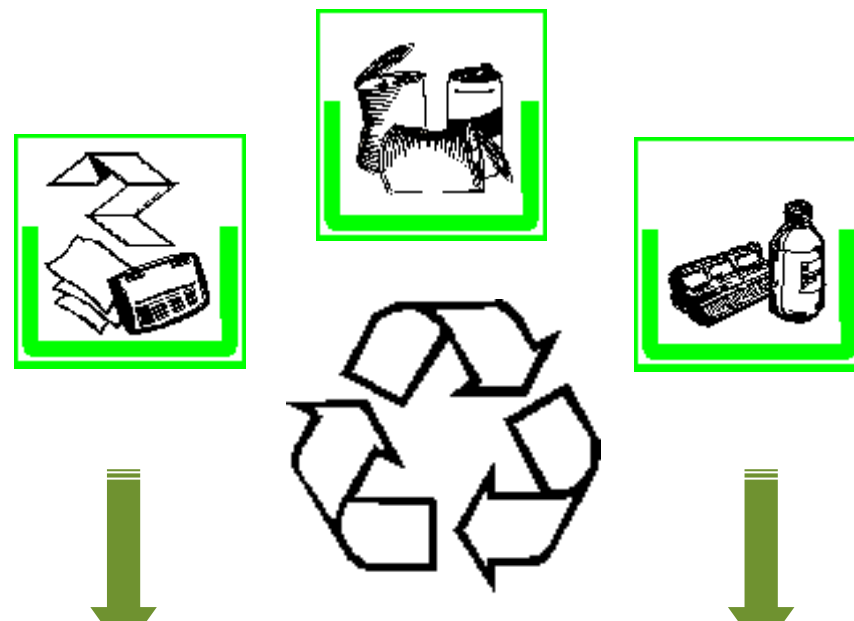
PERSON. PROTECT. EQUIPMENT (PPE)	NO.:	PHYSICAL CONDIT:	FUNCTI-ONALITY
GOGGLES			
WORKING GLOVES			
CHEMICAL GLOVES			
OVERALL			
SAFETY BOOTS			
SAFETY MASK			
SPILL KIT			

DISPOSAL LOGISTIC EQUIPMENT	NO.:	PHYSICAL CONDIT:	FUNCTI-ONALITY
WHEELIE BIN (___ lit.)			
WHEELIE BIN (___ lit.)			
HAZ. WASTE BARREL			
OTHER:			
OTHER:			
OTHER:			
OTHER:			

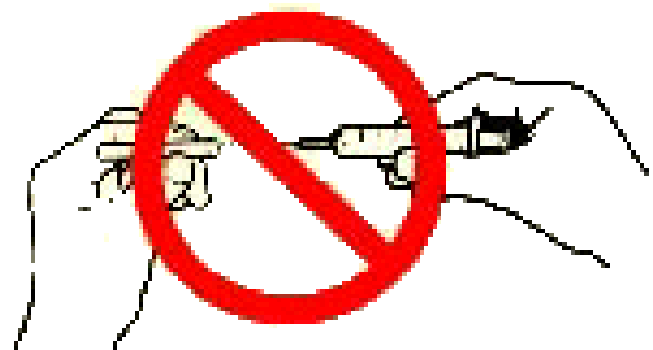
3 IEC: Sample poster for Segregation points

Segregate Waste Correctly!


<p>Examples:</p> <ul style="list-style-type: none">▪ Glass▪ Paper▪ Plastic▪ Metal▪ ...  <p>Recyclables</p>	<p>Examples:</p> <ul style="list-style-type: none">▪ Kitchen Waste▪ Office Waste▪ Garden Waste▪ Packaging Waste▪ ...  <p>General Waste</p>	<p>Examples:</p> <ul style="list-style-type: none">▪ Blood or Urine Bags▪ Blood contaminated materials▪ Blood contaminated gloves, masks.....▪ Haemodialysis tubing▪ Used catheters▪ Filled sharp containers▪ ...  <p>Infectious Waste</p>
<h2>Thank you!</h2>		



The diagram illustrates a recycling station. At the top, three green-bordered boxes contain icons: paper and cardboard, various plastic bottles and containers, and a syringe and vial. In the center is a large black recycling symbol. Below it are two green arrows pointing downwards. The text below the arrows reads: **Recycling station**
Please put only Paper / Plastic / Cans in the bag



The diagram features a large red prohibition sign (a circle with a diagonal slash) over an illustration of two hands recapping a syringe. Below this, the text reads: **Recapping can kill!**
Always use the sharp container to avoid accidents





The flowchart shows a syringe on the left, a green arrow pointing to a yellow sharps container with a red lid, and another green arrow pointing to a red biohazard bag labeled "Infectious Waste Tibbi Atik".


WASTE SEGREGATION CHART


MUNICIPAL WASTE	INFECTIOUS HEALTHCARE WASTE	SHARPS WASTE
		
<p> PAPER CARDBOARD PLASTIC PACKAGING GLASS INFUSION TUBING (CLEAN) SALINE BAGS FOOD STUFF FLOWERS NAPPIES/INCONTENANCE PADS SANITARY PRODUCTS </p>	<p> BLOOD CONTAMINATED SWABS, DRESSINGS AND BANDAGES BODY FLUID CONTAMINATED SWABS, DRESSINGS AND BANDAGES BLOOD BAGS UNRECOGNISABLE BODY PARTS/TISSUE SAMPLES DIALYSIS TUBING AND FILTERS NAPPIES/INCONTENANCE PADS FROM INFECTED PATIENTS BLOOD CONTAMINATED SYRINGE BODIES BLOOD CONTAMINATED INFUSION TUBES BLOOD CONTAINING PLASTIC VIALS USED DISPOSABLE SURGICAL GLOVES/MASKS/GOWNS BLOOD/BODY FLUID CONTAMINATED DISPOSABLE SHEETS </p>	<p> NEEDLES SCALPALS BROKEN GLASS AMPULES VIALS </p>


4 IEC: Sample for infectious waste labels


DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	


DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	


DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	

DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	

DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	

DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	

DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	

DANGER! INFECTIOUS WASTE	
Waste Producer:	Date:
Remarks:	
Waste Amount:	

5 IEC: HCW system user complain form

Name of Hospital	HCW USER COMPLAIN FORM	
	Healthcare Waste Division	
<p><u>Complain No:</u> _____ <u>Department/Ward:</u> _____</p> <p> <input type="checkbox"/> Waste was not picked up <input type="checkbox"/> No Bin <input type="checkbox"/> No Liner <input type="checkbox"/> Segregation point not cleaned <input type="checkbox"/> No Sharp box <input type="checkbox"/> Other </p> <p>Information about the Problem</p> <p> Kind of Waste? : _____ Where? (Room) : _____ Since when? : _____ Urgent? : _____ Resp. Cleaner? : _____ Risks existent? : _____ </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Description of Complain from User:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Recommendation corrective Action</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Recommendation preventive Action</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>		
Complain made by:	Received by:	Reviewed/Approved by:
Date :	Date :	Date :
Signature	Signature	HCW Manager

6 IEC: HCW work schedule

Healthcare Waste - Work Schedule

Month:

Task:	Responsible:	When	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
Healthcare waste logistic																																									
1. Non-hazardous waste (Black bags)																																									
Collect the waste and transport to storage		Daily																																							
Replace plastic liners		Daily																																							
After waste pick-up, clean and wash storage		After pick up																																							
Exchange and clean waste bins: Area A		Monday																																							
Exchange and clean waste bins: Area B		Tuesday																																							
Exchange and clean waste bins: Area C		Wednesday																																							
Exchange and clean waste bins: Area D		Tuesday																																							
2. Waste for recycling																																									
Collect Area A+B and do 2nd sorting		Mon, Wed,																																							
Collect Area C+D and do 2nd sorting		Tues, Thurs.																																							
After pick-up of recyclables, clean and wash storage		After pick up																																							
Clean bag holder, bins: Area A		Monday																																							
Clean bag holder, bins: Area B		Tuesday																																							
Clean bag holder, bins: Area C		Wednesday																																							
Clean bag holder, bins: Area D		Tuesday																																							
3. Infectious waste, Sharps, Patho-Waste																																									
Collect the waste and transport to storage		Daily																																							
Replace plastic liners		Daily																																							
Control if new sharp container must be supplied		Daily																																							
Clean trolley and transport containers		Daily																																							
Exchange, clean and check label: waste bins area A		Monday																																							
Exchange, clean and check label: waste bins area B		Tuesday																																							
Exchange, clean and check label: waste bins area C		Wednesday																																							
Exchange, clean and check label: waste bins area D		Tuesday																																							
Collect Patho-Waste (Maternity, OP) and bring to pit		Daily																																							
4. Waste Management Area																																									
Check Whiteboard for special work and carry out		Daily																																							
Spray placenta pit against insects		Friday																																							
Mopp inside of the HCW building		Friday																																							
Clean the hatch of the pits		Friday																																							
Clean the outside around HCW buidling, pits, storage		Friday																																							

7 IEC: HCW Disposal request form

Name of Hospital	HCW – Disposal Request	
	Healthcare Waste Division	
<p>Waste to be picked up:</p> <p> <input type="checkbox"/> Liquid Chemicals <input type="checkbox"/> Fixer <input type="checkbox"/> Solid Chemicals <input type="checkbox"/> Developer </p> <p>From Department/Ward:</p> <p> <input type="checkbox"/> Solvents <input type="checkbox"/> Batteries <input type="checkbox"/> Heavy metal <input type="checkbox"/> Other </p> <p>Information about the to be picked up healthcare waste</p> <p> Amount of waste? : Location of the waste? (Room) : How is it packed? : When shall it be collected? : Contact Person? : Are known risks existent? : </p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><u>Further relevant information:</u></p> <p>.....</p> <p>.....</p> <p>.....</p> </div> <p> Request made by: Received by: Waste collected by: Date : Date : Date : Signature Signature Signature </p>		

8 IEC: Hazardous HCW storage forms

Name of Hospital	HCW – Hazardous waste store Incoming Waste				
	Healthcare Waste Division				
Store:					
Month:		Page:			
Date:	Kind of waste:	Quantity: [kg / bags]	Generator: [Ward/Depart.]	Remarks:	Signature:

Name of Hospital	HCW – Hazardous waste store				
	Outgoing Waste				
Healthcare Waste Division					
Store:					
Month:			Page:		
Date:	Kind of waste:	Quantity: [kg / bags]	Handed over: [Disp. Comp.]	Remarks:	Signature:

9 IEC: Hazardous waste manifest

Name of Hospital	Waste transfer note (Manifest)	
<p style="text-align: center;">I</p> <p style="text-align: center;">Producer certificate</p>	The material described in II is given for transportation to the company:	
	And will be transported to and treated/disposed of at:	
	With this, I certify that the waste mentioned in II is given to the certified waste transport company in III : Name: Signature:	Department: Telephone number for contact: Date: Place:
<p style="text-align: center;">II</p> <p style="text-align: center;">Waste description</p>	(1) General Description of the waste: (2) Quality of the waste, relevant hazard information: (3) Quantity of the waste (size, type and number of containers/bags):	
<p style="text-align: center;">III</p> <p style="text-align: center;">Waste transporter certificate</p>	I certify that I collected the waste described in II and that it will be transported to IV. Further, I certify that the used truck, equipment is licensed for the transportation of the waste and that I got the necessary training for the transportation of hazardous waste. The waste was collected on (Date): at (Time): Signature (Driver): Name of the driver: Name of transporting company Reg. No. Vehicle: Address: Responsible: Telephone No.:	
<p style="text-align: center;">IV</p> <p style="text-align: center;">Waste disposer certificate</p>	I certify that I received the in II described waste which was delivered by III. Further, I certify that our company is licensed for the treatment of the waste in II and that the treatment and disposal will be carried out according to the issued license. The waste was received on (Date): at (Time): Signature (Receiver): from (company): Reg. No. Vehicle: Name of the receiver: Name of company: Date of treatment and disposal: Address: Responsible: Licence No: Signature: Telephone No.:	

10 IEC: HCW maintenance schedule

Healthcare Waste Treatment Equipment - Maintenance Schedule

Note: Daily maintenance services are included in the Work Schedule!

Task:	Respos	Month Week	January				February				March				April				May				June				July				August				September				October				November				December			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Healthcare waste Treatment Equipment			Frequency:																																															
Drain the steam generator		Weekly																																																
Check door safety mechanism		Weekly																																																
Inspect door gasket		Weekly																																																
Inspect air filter locking		Weekly																																																
Check time of use of the air filter		Weekly																																																
Check time of use of the HEPA filter		Weekly																																																
Drain the air compressor or line		Weekly																																																
Check printer pens and paper		Weekly																																																
Check the salt level in the water softener		Weekly																																																
Check the water lines for leakages		Weekly																																																
Drain the steam generator		Monthly																																																
Check door safety mechanism		Monthly																																																
Inspect door gasket		Monthly																																																
Inspect air filter locking		Monthly																																																
Check time of use of the air filter		Monthly																																																
Check time of use of the HEPA filter		Monthly																																																
Drain the air compressor or line		Monthly																																																
Check printer pens and paper		Monthly																																																
Check the salt level in the water softener		Monthly																																																
Check the steam lines for leakages		Monthly																																																
Check the water lines for leakages		Monthly																																																
Inspect the water level probes		Monthly																																																
Check the heaters		Monthly																																																
Change the water filter		Monthly																																																
Inspect and check the safety valves		Quarterly																																																
Inspect the pressure switch		Quarterly																																																
Check the water level switch		Quarterly																																																
Drain the water level glass		Quarterly																																																
Check the temperature switch		Quarterly																																																
Check the safety switch		Quarterly																																																
Clean up the strainers		Quarterly																																																
Clean the steam traps		Quarterly																																																
Check the installations sealings		Quarterly																																																
Carry out the monthly activities		Quarterly																																																
Perform regular quarterly activities		Half year																																																
Independent temperature and pressure test		Half year																																																
Door service		Half year																																																
Check printer pens		Half year																																																
Check the condition of the PT 100 probe		Half year																																																
Clean the vacuum pump inlets		Half year																																																
Perform water flow test (heat exchanger)		Half year																																																

11 IEC: Sample HCW policies

Version 1

Environmental Policy, Hospital X

We, Hospital X, affirm our belief that the management, medical service staff and the logistical staff have a responsibility to take a leadership role in conducting activities as responsible steward of the physical environment and using educational activities to promote environmental awareness, local action and global thinking.

In our medical care Service function, Hospital X will strive to:

- conserve natural resources and support their sustainable use;
- conduct affairs in a manner that safeguards the environmental health and safety of students, faculty, staff and communities;
- reduce the use of toxic substances and the generation of wastes and promote strategies to reuse and recycle those wastes that cannot be avoided; and purchase renewable, reusable, recyclable and recycled materials.

In our education and research missions, Hospital X will strive to:

- foster an understanding of and a responsibility for the physical environment;
- ensure that individuals are knowledgeable about the environmental and health issues that affect their discipline;
- encourage environmental research;
- conduct research and teaching in an environmentally responsible way; and
- provide a forum for the open flow of information among government, international organizations, industry and academia to discuss and study environmental issues and their relationships to other social issues.

Head of the Hospital
March 2015

Version 2

Environmental Policy of Hospital Y

As a public institution for health, Hospital Y is committed to being a model of environmental health and safety in our teaching, in our research, in our partnerships with the community, and in the management of our own organization. The Hospital Y challenges and empowers each employee and student to promote environmental leadership through our environmental principle, “**STERC**”:

- S:** Stewardship
- T:** Training and Education
- E:** Environmental Compliance
- R:** Reduce, Reuse, Recycle
- C:** Continuous Improvement

Stewardship

...To empower employees and students to identify significant environmental aspects of our activities, products, and services, and to implement programs with targets and objectives that protect the health and safety of people and the ecosystem.

Training and Education

...To provide appropriate training to all employees and students to ensure competence and awareness of our environmental policies and procedures, the significant environmental impacts of their work or activities, their roles and responsibilities in support of our environmental management system, and the potential consequences of departure from specified procedures.

Environmental Compliance

...To meet and where practical exceed all relevant current environmental laws and regulations.

Reduce, Reuse, Recycle

...To use processes, practices, materials or products that avoid or reduce pollution, which may include process changes, efficient use of resources, material substitution and recycling.

Continuous Improvement

....To enhance the environmental management system through checking, corrective action and annual top management review to achieve improvements in overall environmental performance.

Ministry of Health
Stamp
Date

Version 3

This document is issued by the board of directors from the Hospital Z to show the commitment and the importance of an ecological and hygienic waste management.

Societal Responsibility of the Hospital:

The Hospital is committed to provide patients and the city with health care and protection, in the framework of national and local laws and regulations

Health care is provided under following principles:

- Full observance and adhesion to the requirements set forth by the XXX national and regional legislation
- Reestablishment of individual health conditions will not cause danger or penalty in health and welfare of the whole community
- Medical technologies will be used with the outmost care in avoiding a foreseeable or preventable damage to public health, either currently or in the future
- Environmental protection falling entirely within scope and responsibility of the hospital towards individuals and the community
- Medical services shall be duly provided for everyone, in a framework of cost-effectiveness consistent with allocated resources

Principles in environmental Policy:

- Promote and build up an environmental consciousness in individuals by means of deep persuasion and educational training
- Link horizontally procedures and work of environmental conscious individuals, and build a virtuous circle of mutual influence
- Establish areas of environmental impact in hospital procedures and introduce at the bottom line operational solutions with an environmental orientation
- Introduce principles and procedure of environmental quality assurance and control in the departments
- Establish a regular and comprehensive Training on healthcare waste and sound environmental procedures for all levels of the hospital to ensure the maximum safety and care for the patients and visitors.
- Develop, promote and diffuse information for patients and citizens about environmental issues and concerns
- Collaborate with societal institutions at all levels for the optimization of relevant efforts in environmental and health protection

The short term and long-term planning can be found in IEC 1 of this policy and will be updated every year.

Date, Place, Signature, Stamp

Version 4

Environmental Policy

This document is issued by the Head of the Hospital and the board of Directors to show the commitment and the importance of an ecological and hygienic waste management within the Hospital.

The Hospital is committed to provide patients and our community with health care and environmental protection, in the framework of national and local laws and regulations, Al Basheer Hospital in realizing that environmental protection is the responsibility of all staff of the Hospital, at all levels.

Our Environmental Policy:

- To provide dedicated environmental chemical exposure decontamination facility which is available to respond to any chemical incidents which may occur within the community of XXX as an emergency response to deal with chemical incidents.
- Promote and build up an environmental consciousness in our staff by means of enforcement of our policies and educational training.
- Link horizontal procedures and work of environmental consciousness through the hospital by mutual influences.
- Establish areas of environmental impact through Hospital procedures and introduce at the bottom line operational solutions with an environmental orientation
- Introduce principles and procedure of environmental and control in all our departments and work places
- Develop, promote and diffuse information for patients and citizens about environmental issues and concerns
- Work towards constant improvement in the optimization of efforts in environmental and health protection
- Establish procedures and policies for the effective and efficient management of health-care waste in order to eliminate risks and liabilities to the health and environmental through the proper and safe handling of the healthcare waste throughout the Hospital.

Department of Safety and Infectious Control

Ministry of Health

March 2015

IEC 1: Environmental Program 2015

Programs of environmental procedures entail following issues:

- e.g. promoting of the acquisition of goods, equipment and services with consciousness of their full life-cycle, from delivery to supplier, use within the hospital premises, to disposal
- e.g. influencing hospital departments into appropriateness in use of resources, goods, materials and services

The target of the current year has been so defined:

- e.g. amelioration of existing environmental practices (separate collection of paper & cardboard, glass, iron, wood)
- e.g. high motivation of the personnel of two pilot wards (Surgery A, Medical B) as a means to spread and make known environmental friendly practices in the rest of the hospital.

Specific actions have been planned, according to items defined sub A) and B):

A. e.g. Hospital wide:

1. Avoidance of return of unnecessary or overabundant packaging materials
2. Introduction of environmental considerations in purchasing policy
3. Enhance recycling of waste: refilling and reuse of toners, printer-tapes and ink-jet cartages

B. e.g. Experimental ward:

1. Better collection and separation of infectious waste
2. Elimination/reduction of mercury-thermometers
3. Education and training of employees in environmental consciousness

12 IEC: Sample for a training participation list

Training course:
Waste segregation for waste generators

By signing the participation in this training course, the trainee confirms to have been informed and have receive instruction in the above mentioned subject according to the legal regulations and the hospital waste policy.

Name	Date	Signature

13 IEC: Standard accident report form

Standard Accident Report Form

After each accident, it is a strict duty to fill up this form by the injured or contaminated person and by a second person (e.g. first aid person, witness, contacted doctor, etc.). This will help us to take counter measures and to prevent future accident. Please mark matching answers with a: . In the case of an accident with a "Sharp" item (Needle, etc.), please use the special form for this kind of accidents. Thanks for cooperation ! Your Management Team

A Data of the involved person	First name:	Last name:	Date of birth:
	Employee of the hospital? <input type="checkbox"/> Yes, working in department: <input type="checkbox"/> No, employee of the contracting company: <input type="checkbox"/> No, other:		
B Data of the accident	Date/Time of the accident:	At Department/Ward:	Other people hurt ? <input type="checkbox"/> No <input type="checkbox"/> Yes - No.:
	(1) Carried out activity: <input type="checkbox"/> Unknown <input type="checkbox"/> Known: (2) Means of contamination: <input type="checkbox"/> Skin contact <input type="checkbox"/> Eye contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Other: (3) Protective clothing worn: <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator mask <input type="checkbox"/> Other:		
C Description of the accident and the first aid measures:	Affected part(s) of body:		
	Short description of the accident:		
	First aid measures:		
	Doctor contacted:		
D Confirmation of correctness	Involved Person:	2 nd Person:	Officer in charge:
	Name:	Name:	Name:
	Date:	Date:	Date:
	Signature	Signature	Signature

14 IEC: Sharp accident report form

Accident Report Form: Needle stick & sharp objects injury report form

After each accident, it is a strict duty to fill up this form by the injured or contaminated person and by a second person (e.g. first aid person, witness, contacted doctor, etc.). This will help us to take counter measures and to prevent future accident. Thanks – your Management Team!

Please mark matching answers with a: .

<h1>A</h1> <p>Data of the involved person</p>	First name:	Last name:	Date of birth:
	Employee of the hospital? <input type="checkbox"/> Yes, working in department:Staff ID:..... <input type="checkbox"/> No, employee of the contracting company: <input type="checkbox"/> No, other: Is full immunization against Hepatitis B existing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know Is full immunization against Tetanus existing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		
<h1>B</h1> <p>Data of the accident</p>	Date/Time of the accident:	At Department/Ward:	Other people hurt ? <input type="checkbox"/> No <input type="checkbox"/> Yes - No.:
	(4) Carried out activity and detail of the accident (short description) (5) Type of sharp A – Needle (hollow bore) <input type="checkbox"/> Standard syringe <input type="checkbox"/> Insulin syringe <input type="checkbox"/> IV catheter - loose <input type="checkbox"/> Needle connected to IV line <input type="checkbox"/> Other non-suture needle <input type="checkbox"/> Prefilled cartage syringe <input type="checkbox"/> Winged steel needle <input type="checkbox"/> Other: B – Non needle item – not made from glass <input type="checkbox"/> Lancet <input type="checkbox"/> Scalpel <input type="checkbox"/> Suture item <input type="checkbox"/> Trocar <input type="checkbox"/> Wire <input type="checkbox"/> Other: C – Non needle item – glass <input type="checkbox"/> Ampoule <input type="checkbox"/> Blood Tube <input type="checkbox"/> Capillary tube <input type="checkbox"/> Slide <input type="checkbox"/> Other: (6) When did the injury occur? <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After... ..the sharp was used for its intended purpose.		

	<p>(7) Was there visible blood on the device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(8) Protective clothing worn: <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator mask <input type="checkbox"/> Other: </p> <p>(9) Area of body injured: <input type="checkbox"/> Index finger <input type="checkbox"/> Thumb <input type="checkbox"/> Hand/wrist <input type="checkbox"/> Arm/elbow <input type="checkbox"/> face/head/neck <input type="checkbox"/> Torso (front/back) <input type="checkbox"/> Thigh/knee <input type="checkbox"/> Lower leg/ankle/Foot <input type="checkbox"/> Other: </p> <p>(10) How deep was the injury?:</p>		
<p>C Data of source Patient</p>	Patient Name:	Patient Hospital ID:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Date of birth
	<p>(1) Are any blood borne infections known from the patient: <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify:.....</p> <p>(2) Is the patient willing to make an HIV / Hepatitis C test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Is the patient willing to come for follow up tests? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>D Description of the first aid measures:</p>	Description of First aid measures:		
	Has an HIV / Hepatitis test been made after the Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Doctor contacted:		
<p>E Confirmation of correctness</p>	Injured Person: Name:	Witness: Name:	Officer in charge: Name:
	Date:	Date:	Date:
	Signature:	Signature:	Signature: